



Form: Hot Work Permit

Contractor's Name and Company _____

Description of Hot Work _____

Location of Hot Work (Campus & Block) _____

Checklist

	YES	NO	N/A
Appropriate extinguisher is on hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of nearest break-glass alarm is confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of nearest fire hose reel is confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire detection system isolation has been organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All flammable materials have been removed a minimum of ten (10) metres away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible materials on other side of wall removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material that cannot be removed has been shielded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting / welding / grinding gear is in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operators are experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary personal protective equipment is on hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spark / flash screens in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worksite and areas below have been fenced off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire watch is necessary for _____ minutes after got work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Contractor's Supervisor _____

Date / /

Signature _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

OFFICE USE ONLY

Hot Work Permit Authorisation

Permit No:	Permit valid from:	am/pm	on	/	/	to	am/pm	on	/	/
Name of SRTAFE Contact								Date	/	/
Signature										

Completion of Work

The work has been completed as required and the area has been made safe.

Name of SRTAFE Contact								Date	/	/
Signature										

Related documents

Policy: Work Health and Safety